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## **Looked After Children as Decision Makers: Family Group Conferences in Practice.**

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### **Abstract**

Family Group Conferences (FGCs) are a family- led approach to social care decision making.

The fundamental philosophy behind FGCs is that families are the experts on their own situations and as such should lead decision- making. The model advocates that children should be at the centre of decisions about them and should be supported to have their say at their FGC.

The voice of looked after children too often gets lost in decision -making processes. Children report that professionals make decisions about them, rather than with them. FGCs have the potential to meaningfully engage with looked after children. Many services already offer FGCs to looked after children, either to

consider family alternatives to local authority care, to make contact arrangements or to engage children in the care planning process. This paper will examine the use of FGCs in engaging with looked after children. It applies a case study approach, focusing on the Camden FGC Service, which has been offering FGCs to looked after children for several years. It will also draw on the existing evidence base that examines the use of FGCs with looked after children. In practice, sometimes the voice of the child can become overlooked at their FGC. Children report that their opinions get ignored by the adults in their family. Hence, this paper concludes with a discussion of how to ensure that looked after children are meaningfully engaged in decision making about their lives.

## **Introduction**

The discourse on how to meaningfully engage with looked after children in decision –making processes is well established. Research emphasises that the voice of the child too often gets lost amidst the bureaucracy of safeguarding procedures and structures (Bell, 2002; Schofield and Beek, 2005; McLeod, 2007). Indeed, a key aim of the UK Government’s White Paper, *Care Matters: Time for Change* (Department for Education, 2007) was to ‘give a stronger voice to children and young people in care, (p.6). The white paper proposed that every local authority in England should have a Children’s in Care Council. Furthermore that all local authorities have arrangements to involve looked after children in decision -making processes. However, despite this policy, The Care Enquiry (2013) found that in many cases children are not involved in planning and decision making. Around three quarters (73%) of looked after children feel their opinions ‘always’ or ‘usually’ make a difference (OCD, 2012). However, this means more than a quarter of children do not feel their views often count. Furthermore, even if their views do not prevail, children want to be asked what they think and to feel they have been heard (The Care Inquiry, 2013). The Care Enquiry (2013) made several recommendations for the provision of good quality care for looked after children, one of which was about the importance of involving children and their families in making decisions about their care. The authors consider that FGCs have the potential to enable this process. Indeed, many local authorities, apply the model of Family Group Conferences (FGCs) to decision- making for looked after children already, either to explore family alternatives to local authority care, develop appropriate contact arrangements between looked after children and their families or to engage children in the care planning process. This paper explores the use of FGCs in this field and examines the potential of the model in engaging looked after children.

## **Methodology**

The authors have utilised a case study drawn from the experience of the Camden FGC Service who have been offering FGCs to looked after young people for 17 years. In total the service has received approximately 225 FGC referrals for looked after children (Fisher, 2017). A collective case study approach has been applied. (Berg, 2009). This method involves using several case studies to enable an in -depth

analysis of a concept or idea (Crowe et al, 2011). This approach was adapted by generating one case study to include all the elements required for analysis, drawn from several anonymised case examples from the Camden service. The case study method is appropriate to this paper as it has enabled the authors to examine the resulting practice implications of offering FGCs to looked after children. All the authors are registered social workers in England and have a background in FGC practice, having all worked in the field for several years. Thus, their practice wisdom is applied alongside the research evidence on the use of FGCs with looked after children to present a thorough discussion about what the evidence means for future practice with looked after children.

The authors acknowledge the weaknesses of applying such a methodological approach. Whilst the case study approach can allow for the in -depth examination of complex issues and practice (Yin, 2014) it has been criticised for being open to subjective generalisations based upon a limited amount of data. Creswell (2014) argues that this makes it difficult to draw 'scientific' conclusions from the data. However, Gilgun (1994) argues that the case study approach is ideally placed to research social work and social welfare practice, as it mirrors practice. She argues that caseloads are not probabilistic samples but rather a set of individual circumstances and a case study approach allows for an in- depth analysis of the complexities and issues that arise within these individual cases. This enables an understanding of the experiences of those involved and the practice issues that arise to be developed.

The use of practice wisdom is also criticised as an approach within social sciences research, for being too subjective and unreliable as an evidence base (Chun Sing Cheung, 2016). However, Chun Sing Cheung, 2016) argues that the rationalist model of social science -research with the focus on developing a clear evidence -base distances itself from the social work profession, which is based upon intuitive responses and the practice wisdom of professionals, Hence research into practice should emulate this approach.

The authors aim that the practice of engaging looked after children through the use of FGCs can be thoroughly explored by employing this methodological approach.

### **What are FGCs?**

Family Group Conferences (FGCs) are welfare decision- making meetings that originated in New Zealand in the 1980s. They emerged as a response to concerns about the outcomes for Maori children involved with social care services. This resulted in the 1986 Puao Te Ata Tu report which recommended the development of participatory decision -making and FGCs were then enshrined in legislation in the 1989 Children, Young People and their Families Act.

FGCs were introduced to the U.K. in 1992 by Family Rights Group (FRG), a U.K. Charity which supports families involved with social care services. FRG supported the introduction of several pilot projects in England and Wales. The first U.K. based FGC was held in North Wales in 1993. The introduction of FGCs into the U.K. fitted the agenda drivers for children's social care at that time.

These included the recent introduction of the 1989 Children Act which places emphasis upon partnership working. It coincided with an increasing belief that 'protection is best achieved by building on the existing strengths of the child's living environment rather than expecting miracles from isolated and spasmodic interventions' (DOH 1995).

Since then FGCs have grown gradually in the U.K. They are used in all areas of child welfare. FRG (2015) estimated that 76% of Local Authorities across England and Wales had a child welfare based FGC service. They are also increasingly being used in adult services.

Child welfare FGCs have more recently been influenced by the Public Law Outline introduced in 2008. This recommends the use of FGCs in identifying and planning for family and friends care/support. Statutory guidance (2011; 2014) recommends the use of FGCs if there is a possibility that a child or children may not be able to remain with parents.

FGCs have several key principles which make them distinctive from other social care decision-making meetings. The first of these is the use of an independent coordinator to facilitate and chair the meeting. This person, although often employed directly by the local authority is not a decision maker for the family in question and is there to convene the FGC only. A further distinction is the use of 'private family time', an unlimited time in which the family are left alone to formulate a plan for the care of the child or children. The FGC process begins with a referral and the appointment of an FGC coordinator. The coordinator works with the family to decide who needs to attend the meeting and when and where the meeting will take place. The meeting will take place at a time and place suitable for everyone attending and the coordinator will work closely with the family over several of weeks to help them to prepare for the meeting. Once preparation is complete the meeting will take place in 3 distinct stages.

**Information sharing** involves those at the meeting in a professional capacity outlining the information they have, what needs addressing at the meeting and what the 'bottom line' is i.e. what cannot be agreed to in a family plan. Once this is established the family have **private family time** in which they are left alone to discuss and agree a plan. Once this is done they call the coordinator and others back into the meeting to share their plan and the local authority will **agree to the plan** if it has addressed concerns and is safe and legal. A date for a review FGC will also be set with the purpose of reviewing how a family's plan is working. Whilst FGCs in the U.K. are largely used in planning in child protection and the pre-proceedings and proceedings stages of children and families social care, they can be useful in other areas of child welfare including their use with looked after children. This may be to plan a return home or to establish or re-establish contact with their birth family. If neither of these is an option FGCs may be used in determining contact arrangements or in the care planning process.

### **The Participation of Looked After Children**

Children's participation in decision making is supported by Article 12 of the U.N. Convention on the Rights of the Child which clearly outlines the duty of social care professionals to involve children in decisions made about their lives. The participation rights of looked after children are particularly pertinent and their right to a voice is supported in law. Section 22 of the Children Act 1989 requires Local Authorities to consider the wishes and feelings of looked after children when making and reviewing decisions about them. Furthermore, the (2002) Adoption and Children Act stipulates that every child has access to an Independent Reviewing Officer (IRO) to ensure that their voice is heard and that they play a meaningful role in decision making. The 2008 Children and Young Persons Act further extended this role.

Tbomas and O' Kane (1999) recognise that decision- making for looked after children is very different from that of other children and that there is therefore a need to empower these children and enable their voices to be heard in social care meetings. Whilst Lansdown (2010) recognises that participation in decision - making by children has seen a dramatic shift in the last few decades there is still significant work to do particularly in regard to looked after children. Pert, Diaz and Thomas (2017) in their study of looked after children's experiences of participation concluded that "as a vehicle of participation LAC reviews are still not working well" (p.1).

Furthermore, Kennan, Brady and Forkan (2018) found that children felt 'frightened, anxious, bored and embarrassed or exposed by the discussion on their lives (p.11) when participating at statutory meetings.

### **FGCs and Looked After Children**

There is a wealth of research which emphasises the potential of FGCs to prevent children from becoming looked after (for example, Litchfield et al, 2003; Pakura, 2003; Crampton and Jackson, 2007; Brady and Miller, 2009). However, there is little written about the use of FGCs to engage looked after children in decision- making processes about their care. Anecdotal practice experience of the authors would suggest that this is an under used application of the model, with the number of referrals being small. This has led to a dearth of research in this area. There is however, more general research about the participation of children at FGCs which can be applied to looked after children.

The philosophy of FGCs is one of service user involvement and in FGC practice in the UK, this has included children. Robertson (1996) reported that children attended 79% of child welfare FGCs and Frost (2009) in his evaluation of the Leeds FGC service found that participation levels of children, were 'high'. However, Moyle (2014) found that much of the research on FGCs does not directly include children's views of the process, resulting in a difficulty in gaining a true picture of how meaningful children's participation is. There are some notable exceptions to this, such as Barnsdale and Walker's (2007) study which found that children were positive about the FGC process, although some children found that they exercised little influence.

This is substantiated by Kennan, Brady and Forkan (2018) who found that children were more likely to participate at Family Welfare Conferences (the term for FGCs in Ireland) but did not necessarily equate their participation with influencing decision making.

Holland (2005) reported that children were very satisfied in their FGCs but Horan and Dalrymple (2005) cautioned that children do not always feel heard in their meetings, which can be dominated by the adults involved. Connolly and Masson (2014) emphasise the difference in the levels of participation of children at the planning stage and the FGC itself and argue that being listened to and participating are two distinct things i.e. a young person might represent their views but that does not mean that they are taken into account by the adults involved. Holland and O'Neill (2006) cite the example of a young person who emphasises the gap between his expectation (created by professionals) that he would be a powerful person at the FGC with his actual experience of private family time, where he felt powerless and ignored.

The issue of children's participation at a FGC will be revisited when discussing the case study.

### **The Case Study**

The case study is presented below and the practice issues and implications discussed and analysed. Kyle's story below has been developed alongside Camden FGC Service.

### **Kyle's Story**

A senior practitioner in the looked after children service took a referral of a 14 -year old young person, Kyle. Kyle had been removed from his parents at 6 months old and placed with his paternal grandmother subject to a Residence Order. Both his mother and his father struggled with addiction and their relationship with Kyle was harmed by drug abuse and domestic abuse.

This referral was precipitated by Kyle's grandmother becoming unwell. She had a terminal illness.

Kyle was struggling to make friends at school and often resorted to seeking negative attention from peers and teachers. He also made some inappropriate comments of a sexual nature to staff and peers. It became clear that Kyle would need to be placed in LA care as his grandmother's health deteriorated.

As the senior practitioner got to know Kyle it became clear that he had several friends and extended family members who were all 'rooting' for him. The senior practitioner was contacted by several of these people, many of them who had their own families, who wanted to continue to be involved in his life. Of those who came forward there were several neighbours as well as the coordinator of a local youth project, the manager of the local youth centre and a friend from Kyle's Anglican Church.

Whilst many of those who came forward did not know one another, they were all linked geographically and either lived or worked on the estate where Kyle had grown up.

There were no friends or extended family who could offer Kyle a permanent home and due to what was described as his 'challenging' profile, there was no appropriate foster placement identified in London. When Kyle's grandmother's health deteriorated he was placed in a residential children's home. At the same

time the Local Authority (LA) approved foster carers for Kyle and they committed to offering respite to Kyle each weekend.

There were many people trying to help Kyle but it felt messy and confusing for the senior practitioner and potentially the same for Kyle. He was experiencing such loss and instability and it was felt that a FGC could offer him a positive outlook on his future and demonstrate a shared responsibility to ensure his needs were met in the longer term. The FGC coordinator hired the local community hall on the estate where Kyle and his friends and family lived. In attendance was the senior practitioner (the referrer), the foster carers, staff from the children's home, family friends, extended family, staff from the youth club and friends from church. His birth parents were unable to attend but the coordinator advocated on their behalf and represented their views at the meeting. Kyle appeared very happy as he sat through the section of the meeting that he was involved in. He 'held court', telling Jokes and appeared to enjoy being the focus of the meeting. He stated that he was a little nervous when it was his time to leave and let the adults have a chat without him but stated afterwards that he loved the experience of the FGC and that he was happy with the plan.

It was felt by the FGC Co-ordinator and social worker that the meeting was a powerful experience for Kyle, as he was able to experience his family and friends working together with professionals to agree a plan (Camden FGC Service evaluation forms and verbal feedback to FGC Service Manager). He was able to see that his family and professionals were all working collaboratively and that he would receive a consistent message from everyone involved. Looked after children feel conflicted emotionally when the care plan is for them to go into 'LA' care rather than live with family and naturally Kyle felt a loyalty to his parents. However, for Kyle to hear in the meeting that his birth parents, as well as all those in attendance supported his move to being in 'LA' care, appeared to give him permission to embrace his new life. It was also felt that the shared agreement that the foster carers who were providing respite were a positive influence and again this enabled him to feel like this placement had the backing of everyone he knew.

The FGC also paved the way for a full time foster placement for Kyle with his respite carers. After they were offered regular respite and a plan of support from the extended friends and family network, they felt that they could meet his needs in the longer term (Camden FGC service evaluation forms). The FGC plan then acted as evidence to persuade the fostering panel that the carers should be approved as full -time foster carers. The FGC plan also ensured that Kyle had support to attend his church each Sunday, despite moving to the foster carers in a different area, and that he could continue to visit his old estate one evening a week and have dinner with his old friends.

However, the FGC was not without tensions. The plan was that the friends and family members would set up an email group so the foster carers could put out a request for someone to help out and offer respite where required. Soon after the FGC the carers complained to the FGC co-ordinator that the fact that this was a group and that no-one had specific tasks or responsibility, gave them all an 'easy way out' and meant that no-one felt it necessary to reply, feeling that others would help out. At the review FGC it was necessary



to make the plan clearer and more detailed and include dates and times that respite and contact time would be taking place. Another challenge was the way in which one family friend became the loudest voice in the room when in reality she had the least involvement with Kyle.

Whilst the coordinator attempted to resolve this by reminding the attendees of our roles and responsibilities, the feedback from other family members was that during the private family time this person continued to make people feel uncomfortable and she had little impact upon the formulation of a plan (Camden FGC Evaluation Forms).

In summary the FGC and resulting plan enabled Kyle to 'throw himself' into his new life. It gave him permission to develop new relationships and interests whilst also maintaining his previous identity.

The FGC and the resulting plan supported the enrichment of his life story and enable Kyle to feel confident in a positive future. The FGC also enabled Kyle to feel confident in his care plan and enabled his foster carers to feel ready and able to offer him a long- term placement.

### **Practice Implications**

Kyle's story highlights practice issues for consideration about the use of FGCs in decision- making for looked after children. In this case, the focus was on Kyle maintaining contact with and the support of his birth family, whilst remaining looked after by the local authority, with a foster family. The key practice issues are discussed in turn below.

### **A Collaborative Approach**

In attendance at the FGC was Kyle's birth family, his foster family and professionals involved in his life. The fact that everyone was working together at the meeting to develop a plan for Kyle's future care and support was a potentially powerful experience for Kyle. Kyle was presented with a situation where all involved were working together to develop a shared understanding of what was in his best interests. Hamilton (2005) in his research of children's participation at their FGCs found that children considered that this was a positive outcome of the FGCs, stating that, '(children)....demonstrated their clear appreciation of seeing their family gathered together to consider their own personal well-being, and that they particularly valued the private family time, seeing this as a definite and positive departure from the norm' (Hamilton, 2005, p. 40).

Evidence from research suggests that FGCs enable children to feel a sense that people in their social network really care for them (Bell and Wilson, 2006; Dawson and Yancy, 2006; Holland and O'Neill, 2006; Frost et al, 2014).

"Furthermore, the fact that everyone was working together appeared to enable Kyle to feel that he could 'embrace' his new life and settle into his foster placement. Research suggests that FGCs improve relationships between family members and professionals and that this in turn leads to better decision - making and outcomes for children (Litchfield et al, 2003; Walker, 2005; Frost et al, 2014). Further research suggests that FGCs have the potential to increase family contact and improvements in family relationships

(Kemp, 2007; Brady and Millar, 2009; O'Brien and Alohen, 2015) Even when children do not return to the care of their parents or relatives, a FGC can have a positive impact on their relationship with their families (Dawson and Yancy, 2006).

### **The Voice of the Child Being Heard**

Kyle clearly felt that his voice had been heard at the FGC and that he was happy with the plan that was agreed at the FGC. The benefits of children participating in decision-making processes are well documented. Research demonstrates that participation can lead to increased confidence and self-esteem in children (Kirby et al, 2003; Hart, 2013). Furthermore, listening to looked after children can lead to better decisions being made, increase children's wellbeing and create a context where children are more adequately safeguarded (Rees, Bardshaw, Goswami and Keung, 2010; Jelicic et al, 2013). For example, a study focusing on children who run away from care found that children were less likely to run away if they were involved in decision-making about their care (Jelicic et al, 2013).

However, whilst the meeting was a positive experience for Kyle there was a potentially complicating factor, in that one of the people in attendance, despite not offering any significant support to Kyle, dominated the meeting. Indeed, as previously stated research has suggested that sometimes the voice of the child gets lost in a FGC, as adults tend to dominate the meeting and lead the development of the FGC plan. Clarkson and Frank (2000) found that children did not always feel that their voice was heard at the FGC and Beecher et al (2000) found that although children were involved in the initial planning of the FGC, they were less likely to contribute to decision-making in the actual meeting. Ney, Stoltz and Maloney (2003) in their research examining the participation of family members at FGCs involving child protection concerns found that neither children nor adults felt that their views were listened to in their FGC as child protection processes and professionals dominated the discourse.

As previously stated, Connolly and Masson (2014) emphasise the difference in the levels of participation of children at the planning stage and the FGC itself and argue that being listened to and participating are two distinct things. Holland and O'Neill (2006) cite the example of a young person who emphasises the gap between his expectation (created by professionals) that he would be a powerful person at the FGC with his actual experience of private family time, where he felt powerless and ignored. Kennan, Brady and Forcan (2018) cited earlier found that whilst young people had greater opportunities to participate at FGCs, they did not equate this participation with influencing decision making. However, having said this, some studies do indicate that children do feel that they have a say at their FGC and that they prefer family decision-making processes to professional decision-making processes (Holland et al, 2005; Laws and Kirby, 2007, Hoy, 2013).

Others have concerns about the appropriateness of children being involved at their FGC, when adults that have harmed or abused them are at the meeting and/or when difficult and sensitive issues are being discussed. Both could exacerbate the harm that a child has already experienced and be a potentially

distressing experience (Connolly and Morris, 2012 and Connolly and Masson, 2014). Hence, within the FGC field, the emphasis is on advocacy for children. Advocates can either support children to express their views in the meeting or attend on their behalf to represent their views, if they do not want to attend or it is not appropriate for them to do so (Dalrymple, 2002; Horan and Dalrymple, 2003; Bell and Wilson, 2006; Fox, 2015). National practice guidance for the implementation of FGC services in the UK (Family Rights Group, 2014) are clear that children have the right to attend their FGC, with the support of an advocate if they wish but if they do not attend the FGC, their views should still influence the family plan, with an advocate representing them at the meeting. There is some discussion and debate about whether professional advocates should be used or whether an advocate can be someone that a child identifies from their existing network (Dalrymple, 2002; Oliver and Dalrymple, 2008; Fox, 2015). Some express concern that if an advocate is from a child's existing network, then they may have their own views about what is in the best interests of the child and may not be wholly impartial (Horan and Dalrymple, 2003). However, others argue that someone a child already knows and trusts is better placed to advocate on their behalf rather than a professional that they barely know (Laws and Kirby, 2007). In reality though most FGC services cannot afford a professional advocacy service, particularly in the current economic climate.

### **Ensuring a Robust Plan**

A further issue raised in Kyle's FGC was that when the foster carers requested respite support, family members were not clear about who should offer this support. Research has suggested that family plans can lack specificity (Skaale Havnen and Christiansen, 2014), which could be regarded as a potential pitfall of the FGC approach. Dijkstra et al (2016) states that for families plans to have a chance of being successful they should be clear and specify who will be taking responsibility for what action. The family may be advised by a FGC Co-ordinator to be clear in their plan but ultimately a family's plan should be down to them. However, during the stage of the meeting where the plan is agreed, professionals may ask questions of a family about who will be taking responsibility for what, before a plan is agreed. As was the case with Kyle a review FGC can be held to make necessary changes and tweaks to a family's plan to ensure that it is robust. Further research has demonstrated that the majority of FGC plans are successful at least in the short term and when they fail, in many cases, this is due to the 'LA' not providing the support requested (). There was a potential for this to happen in Kyle's FGC if the 'LA' failed to provide the necessary support for the foster carers.

The above discussion has highlighted some of the practice issues and implications for using FGCs to enable the participation of looked after children in planning for their care. A further issue and potential barrier that the authors recognise is the cost to the 'LA' of establishing a FGC service in a climate of austerity and public -sector cuts. Mason et al's (2017) evaluation of the Leeds FGC Service found that the average cost

of a FGC is £2418 which is a significant amount. However, it is significantly less than the cost of children going missing from care (Children's Society, 2007) and of placement breakdowns (Hannon, Wood and Bazalgette, 2010), which the research suggests can be the result of not engaging looked after children in decision-making processes. It could be argued that in this sense, investing in FGC services would be money well spent but as 'LAS' are struggling to provide their statutory services, investing in services that would be additional to the statutory process may be beyond the reach of many 'LAS' currently.

## **Conclusion**

Looked after children have the right to be involved in decision-making about their care. The authors consider that FGCs offer the potential to achieve this aim.

Whilst the authors acknowledge that the limitation of this paper is that it has focused only on one case study and the limited amount of research in this area, the paper demonstrates that FGCs clearly have the potential to engage with looked after children in a meaningful way and ensure that children remain at the heart of decision-making processes. The above discussion has demonstrated that the model has the potential to address some of the key messages from looked after children about their lack of involvement in decision-making about their lives. The potential of FGCs to enable looked after children to return to the care of their families is well documented and much of the research about FGCs has focused on this outcome. More recently, practice evidence has begun to emerge which demonstrates that FGCs can be successful in developing plans for contact arrangements and engage children in the care planning process. However, the authors acknowledge that research examining the potential of FGCs to ensure the participation of looked after children is limited. Hence, they recommend the implementation of pilot services and the development of partnerships between 'LAS' and academic institutions to ensure that robust evaluations underpinned by academic rigour are undertaken by services already offering FGCs in this area. The early research findings and anecdotal evidence from services already offering FGCs in this area is promising but more research is needed to create a robust evidence base.

Whilst the FGC model is designed to keep the child at the centre of the decision-making process, sometimes the adults participating at the FGC have different ideas and dominate the process. Hence providing a FGC alone is not a panacea for children being involved in planning for their care and the authors emphasise the importance of providing advocacy for children to enable them to meaningfully participate. The authors also understand the current context of austerity measures and cuts to social care budgets and recognise that the cost of developing FGC services could be a barrier for local authorities.

The cost though is not just financial. The potential costs to children's lives of not engaging them in decision-making and creating a situation where children feel disempowered and alienated, 'by allowing them to lose contact with their families or where they remain in the care of the local authority when there are family members who could care for them, far outweighs the financial implications to the local authority.

FGCs have the potential to address these issues and ensure that voices of looked after children are privileged and remain at the centre of decision making processes.

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